

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) IN01023K															
	In re Application of Brass et al.																
	Application Number 09/551,341	Filed 04/18/2000															
	For HCV COMBINATION THERAPY																
	Group Art Unit TBA	Examiner TBA															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ 390.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ 890.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$ 1390.00</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17 (a)(5))</td><td>\$ 1890.00</td></tr></table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0365</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p><u>10/23/2000</u> Date</p> <p><u>Thomas D. Hoffman</u> Signature</p> <p>Thomas D. Hoffman Typed or printed name</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 390.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 890.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1390.00	<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ 1890.00
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<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ 1890.00															

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>10/23/2000</u>			
Typed or printed name	Thomas D. Hoffman		
Signature	<u>Thomas D. Hoffman</u>	Date	<u>10/23/2000</u>

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